

REPORTS INVENTORY				CONTROL NO. DDS/OC-043	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (If a fill-in report include Form No.) Significant Events (Staff Meeting Notes)				2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY FINANCE <input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify) <input checked="" type="checkbox"/> COMMUNICATIONS	
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly		6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form, computer print-out, etc.) Memo		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.		9. DIRECTIVE AUTHORITY REQUIRING REPORT By direction of D/CO	
10. PREPARING COMPONENT (include lowest level contributing information to report) OC-CCD/CCL/COB/Sections		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	IS	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
4-15	Average 10, Step 3 \$ 5.57		10		\$56.00		52		\$2912.00
6	14.46		1		14.46		52		752.00
TOTALS									\$3664.00

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR									

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

By request of D/CO. Provide summary of significant events within OC during each week. Selected items published as info to all Staffs and Divisions.

14. FUTURE GOALS

LOCAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS	
<input type="checkbox"/> CHANGE					
<input type="checkbox"/> DISCONTINUE					
16. DATE OF INVENTORY 7 Oct. 70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION			18. EXTENSION STAT